

WOOD BURNING STOVE APPLICATION FOR PERMIT

Location: _____ **Map** _____ **Lot** _____

Owner: _____ **Telephone:** _____

Address: _____

Signature: _____ **Date** _____

Estimated Cost: _____

Stove:

Type: Radiant _____ Circulating _____

Manufacturer _____ Model # _____

Type of fuel (s) approved _____

Testing Laboratory's name or trademark and location: _____

_____ Date tested: _____

Clearance to combustibles: **A. Side** _____ **B. Rear** _____

Test Standard _____

Label Serial Number: _____

Chimney:

New _____ Existing _____

Size (flue area) _____ Other appliances attached to flue: _____

_____ Metal (Manufacturer-name & type) _____

Masonry - Lined _____

Unlined _____

Flue liner _____

(type & manufacturer)

*MUST ATTACH COPY OF MANUFACTURER'S MANUAL